

01-Nov-2003 20:04:25

PC | MC KEAN

Rate 69 - AGE NOT ENTERED, ASSUMED TO BE 50 YEARS FOR PURPOSE OF ECG INTERPRETATION
PR 0 - POSSIBLE ATRI FLUT/PIB, A-RATE 444 V-RATE 69.....multiple P's
QRS 114 - ANTERIOR Q WAVES, POSSIBLY DUE TO LVH.....Q>30ms VI V2 & LVH
QT 365
OTC 391

--Axis--

P 23
QRS 23
T 43

- ABNORMAL ECG -

Unconfirmed diagnosis.

40428 053

01-Nov-2003 20:07:17

ALLEN

FCI MC KEAN

39 Years

Male

Operator: SL

Rate 65 - NORMAL SINUS RHYTHM. RATE 65..... no fetal P axis, PR, rate & rhythm
PR 16.9 BORDERLINE LEFT ATRIAL ABNORMALITY..... P>30mS, <-.10mV V1
ORS 101 CONSIDER ANTEROSEPTAL INFARCT..... Q>30mS, S>30mS, V1 V2
QT 361
QTc 37.5

--Axis--

P 89
QRS 34
T 36

- ABNORMAL ECG -

Uncertified diagnosis.

40428 053

01-Nov-2003 20:10:05
39 YearsALLEN
Male

FCI MC KEAN

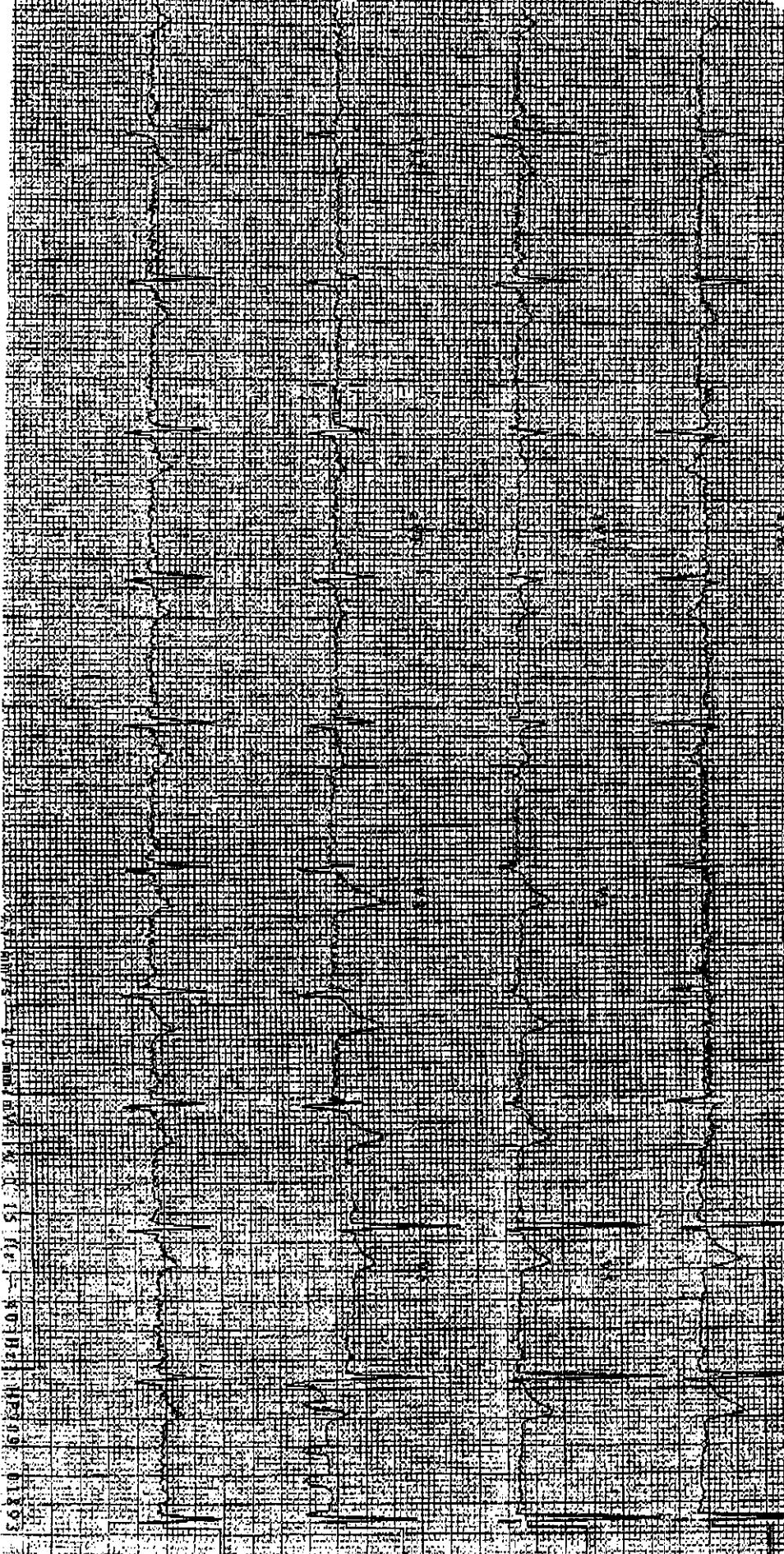
Operator: SL

Rate 65 - IRRG RH' M OF UNCERT ORIGIN, VAR'D RATE 58-79
PR 160 - BORDERLINE LEFT ATRIAL ABNORMALITY
QRS 109 - INCOMPLETE RIGHT BUNDLE BRANCH BLOCK
QT 419 - PROBABLE LEFT VENTRICULAR HYPERTROPHY
QTc 436 - ANTERIOR Q WAVES, POSSIBLY DUE TO LVH
- Axis -
P 65
QRS 15
T 22

V-rate variations >10%
 $P > 30\text{mS}$, $< -10\text{mV}$ V1
 $QRS > 109$, terminal axis(90-270)
LVH voltage with LAA or LAD
 $Q > 30\text{mS}$ V1 V2 & V3

- ABNORMAL ECG -

Unconfirmed diagnosis



DATE Note progress of case, complication, consultations, change in diagnosis, condition on discharge, instructions to patient

ECG HR: 67 BPM SpO2: --- % Respir: 17 RPM

NIBP: --- / --- (---) mmHg Interval: OFF

IBP1: --- / --- (---) mmHg

IBP2: --- / --- (---) mmHg

Temp: * F

Min.

PROGRESS RECORD



124

6000-124 10001

BRADFORD REGIONAL MEDICAL CENTER
EMERGENCY DEPARTMENT
INSTRUCTIONS FOR FOLLOW-UP CARE

Name Anthony Allen

1

EMERGENCY ROOM
PHONE (814) 362-8274

THANK YOU FOR CHOOSING BRMC EMERGENCY DEPARTMENT FOR YOUR MEDICAL NEEDS. WE HOPE YOU ARE SATISFIED WITH THE CARE YOU RECEIVED. PLEASE CALL THE EMERGENCY ROOM AT (814) 362-8274 OR THE PATIENT REPRESENTATIVE AT (814) 362-8870 IF THERE IS ANY PROBLEM. YOU HAVE RECEIVED CARE FOR AN ACUTE CONDITION. DIAGNOSIS IS NOT ALWAYS CLEAR-CUT UNDER THESE CIRCUMSTANCES AND INDIVIDUAL RESPONSE TO ILLNESS, INJURY AND TREATMENT IS UNPREDICTABLE AT TIMES. THEREFORE, SHOULD ANY OF THE FOLLOWING OCCUR, PLEASE CONTACT OR REPORT TO THE EMERGENCY ROOM OR YOUR PRIVATE PHYSICIAN.

Your current symptoms persist or worsen

card given

New symptoms develop particularly

You feel you are having difficulty with medication

You have any questions that you feel are important,

Other instructions:

- ① Diet as tolerated
- ② Nothing but small amounts of clear liquids
tonight
- ③ Follow up with regular MD
- ④ Return if any problem

MEDICATION

- The medication you have been prescribed may cause drowsiness. Do not drink alcohol, operate machinery or drive a vehicle while using. medication information sheet given.

CULTURE REPORTS

- You will be contacted if your culture results indicate that a change in your treatment will be needed.

X-RAY REPORTS

- Your x-rays have been read by the Emergency Room physician. They will also be interpreted by a radiologist tomorrow. Should there be a significant change in diagnosis, you will be notified.

TETANUS TOXOID DIPHTHERIA TETANUS

DIPHTHERIA, PERTUSSIS, TETANUS

VACCINE INFORMATION GIVEN

Lot # _____

Manufacturer _____

Physician Signature _____

Nurse Signature _____

I understand the instructions given to me by the physician.

Date 11-01-03

6780-431 4/99 Patient Signature _____



*** BRADFORD REGIONAL MEDICAL CENTER ***
116 INTERSTATE PARKWAY
BRADFORD, PA 16701

***** DIAGNOSTIC IMAGING DEPARTMENT *****

Patient	FC	Admit	Birth Dt	Age	Sex	SSN	Room	PT	MR Number
4361609	11	11-01-03	05-02-64	39	M			E	000223187

ALLEN, ANTHONY
BOX 500
Ref Phys:
Att Phys: IRWIN, GLENN, , DR.
Adm Phys:

Procedure: 0865 DX - Chest

Phone#: (814) 362-8900
PA 16701
Date: 11/01/03
Time: 21:51

Adm Dx:

Tech: AY/SG

Req Phys: IRWIN, GLENN, , DR.

Explained to Pt: Y
Preg: NA Shielded: Y
2nd Chk LMP: MALE
AP ERECT CXR PORTABLE

Reason: ILLNESS

Views: 1

Priority: ASAP

Student:

Date to do: 11-01-03

AP: MAS	5	KVP	76	SID	60
PA: MAS		KVP		SID	
LAT: MAS		KVP		SID	
OTH: MAS		KVP		SID	

Preg Status: Patient is Male

LMP Status:

Portable: Y

Comments:

Handicap:

Resuscitate:

High Risk Falls:

Radiologist: Mark J. Welch, MD

0865 DX - Chest

R A D I O L O G Y R E S U L T

Date Typed: 11/2/2003

Date Dictated: 11/2/2003

CHEST:

The heart is not enlarged. Hyperaeration is noted. No failure or pneumonia is seen.

IMPRESSION:

No acute disease.

kte

Electronic verification by Mark J. Welch, MD

BRADFORD REGIONAL MEDICAL CENTER
 116-156 Interstate Parkway Bradford PA 16701
 LAB REPORT

REQ.PHYSICIAN: IRWIN JR, GLENN J

ALLEN, ANTHONY
 BIRTHDATE: 05/02/1964 M 39
 PATIENT #: 000223187
 PT PHONE#: (814) 362-8900
 COLLECTED: 11/01/03 21:40
 REPORT TO: IRWIN JR, GLENN J

TEST NAME	RESULTS	REFERENCE VALUES	UNITS	TS
-----------	---------	------------------	-------	----

CPK MB'S AND ISOENZYMES

CPK	185	5-202	U/L
CPK MB	1.0	0.0-5.0	ng/mL
A value greater than 5.0 ng/ml or a % ratio of MB to total CK greater than 2.5 is suggestive of an M.I. when the total CPK exceeds 100.			
Interpretation should be based on a MINIMUM of 2 samples collected 4 to 6 hours apart.			
CPK/MB RATIO	0.5	0.0-2.5	%
TROPONIN-I	0.00	0.00-1.50	ng/mL

EMERGENCY DEPARTMENT

LAB #D1010172

PRINTED 11/01/03 22:47 Page: 1

BRADFORD REGIONAL MEDICAL CENTER
 116-156 Interstate Parkway Bradford PA 16701
 LAB REPORT

REQ. PHYSICIAN: IRWIN JR, GLENN J

ALLEN, ANTHONY
 BIRTHDATE: 05/02/1964 M 39
 PATIENT #: 000223187
 PT PHONE#: (814)362-8900
 COLLECTED: 11/01/03 21:40
 REPORT TO: IRWIN JR, GLENN J

TEST NAME	RESULTS	REFERENCE VALUES	UNITS	TS
-----------	---------	------------------	-------	----

ROUTINE CHEMISTRYROUTINE CHEMISTRY

GLUCOSE	104	70-120	mg/dl
BUN	L 7.0	8.0-20.0	mg/dl
CREATININE	1.3	0.7-1.5	mg/dl
SODIUM	139	135-147	mEq/l
POTASSIUM	4.2	3.5-5.5	mEq/L
CHLORIDE	100	98-108	mEq/L
CARBON DIOXIDE	27.4	24.0-30.0	mEq/L
ANION GAP	12		
CALCIUM	9.7	8.4-10.7	mg/dl
TOTAL PROTEIN	8.0	6.0-8.0	g/dl
ALBUMIN	4.4	3.0-5.0	g/dl
CHOLESTEROL	165	110-200	mg/dl
TRIGLYCERIDES	53	35-230	mg/dl
BILIRUBIN, TOTAL	0.9	0.0-1.0	mg/dl
AST	22	10-42	U/L
CPK	185	5-202	U/L
STAT - CPK MB	ORDERED		
ALK PHOSPHATASE	112	17-120	U/L
ALT	36	10-60	U/L
AMYLASE	81	20-140	U/L
LIPASE	H 291	114-286	U/L
MAGNESIUM	2.1	1.3-2.4	mg/dL

EMERGENCY DEPARTMENT

LAB #D1010172
 PRINTED 11/01/03 22:47 Page: 1

BRADFORD REGIONAL MEDICAL CENTER
 116-156 Interstate Parkway Bradford PA 16701
 LAB REPORT

REQ. PHYSICIAN: IRWIN JR, GLENN J

ALLEN, ANTHONY
 BIRTHDATE: 05/02/1964 M 39
 PATIENT #: 000223187
 PT PHONE#: (814) 362-8900
 COLLECTED: 11/01/03 21:40
 REPORT TO: IRWIN JR, GLENN J

TEST NAME	RESULTS	REFERENCE VALUES	UNITS	TS
-----------	---------	------------------	-------	----

HEMATOLOGYCBC WITH AUTOMATED DIFFERENTIAL

WBC	10.7	4.8-10.8	
RBC	5.25	4.70-6.10	X 1 millio
HEMOGLOBIN	16.4	14.0-18.0	g/dl
HEMATOCRIT	46.5	42.0-52.0	%
MCV	88.6	80.0-94.0	fL
MCH	H 31.3	27.0-31.0	pg
MCHC	35.3	33.0-37.0	g/dl
RDW	13.6	11.5-14.5	%
PLATELET COUNT	280	130-400	X 1000/uL
NEUTROPHILS	H 75.6	40.0-74.0	%
LYMPHOCYTES	L 13.1	19.0-48.0	%
MONOCYTES	6.2	5.6-11.6	%
EOSINOPHIL	3.1	0.0-7.0	%
BASOPHILS	0.9	0.0-1.5	%
LUC	1.1	0.0-4.0	%

EMERGENCY DEPARTMENT

LAB #D1010172
 PRINTED 11/01/03 21:51 Page: 1

BRADFORD REGIONAL MEDICAL CENTER
 116-156 Interstate Parkway Bradford PA 16701
 LAB REPORT

REQ.PHYSICIAN: IRWIN JR, GLENN J

ALLEN, ANTHONY
 BIRTHDATE: 05/02/1964 M 39
 PATIENT #: 000223187
 PT PHONE#: (814)362-8900
 COLLECTED: 11/01/03 21:40
 REPORT TO: IRWIN JR, GLENN J

TEST NAME	RESULTS	REFERENCE VALUES	UNITS	TS
-----------	---------	------------------	-------	----

COAGULATION / SEROLOGYCOAGULATION

APTT	22.1	0.0-40.0	
PROTIME CONTROL	11.7		seconds
PROTHROMBIN TIME	12.4	10.0-13.0	seconds
INR	1.1	0.0-4.5	seconds

Recommended Ranges for Coumarin Using INR

	INR	Target
1. Preoperative oral anticoagulant started two weeks before surgery		
Non-hip surgery	1.5-2.5	2
Hip surgery	2-3	2.5
2. Primary and secondary prevention of deep vein thrombosis	2-3	2.5
3. Prevention of recurrent deep vein thrombosis (two or more episodes)	2.5-4.0	3
4. Prevention of arterial thrombosis including patients with mechanical heart valves	3.0-4.5	3.5

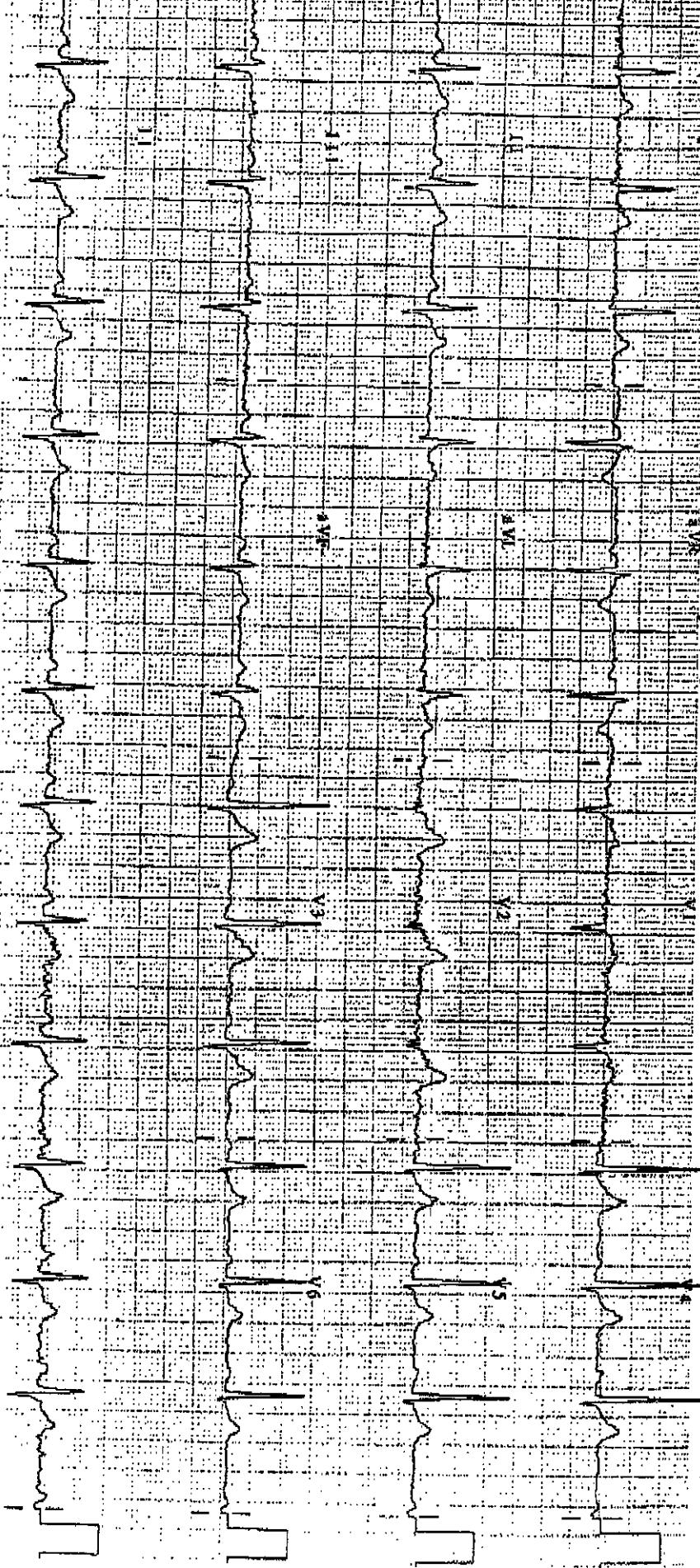
EMERGENCY DEPARTMENT

LAB #D1010172
 PRINTED 11/01/03 22:21 Page 1

01-Nov-2003 21:26:18 ANTHONY ALLEN
39 Years Male

0174 000220187 11/01/03
ALLEN, ANTHONY 39 M ER-1
EKG

BRADFORD REGIONAL MEDICAL CENTER
Department: ER
Room: 2
Operator: AMB



Requested by:
IRWIN /Jamie/

25 mm/s : 30 mm/mV

Freq 0.5 Hz - 40 Hz W

HP708 31669

01-Nov-2003 20:02:57

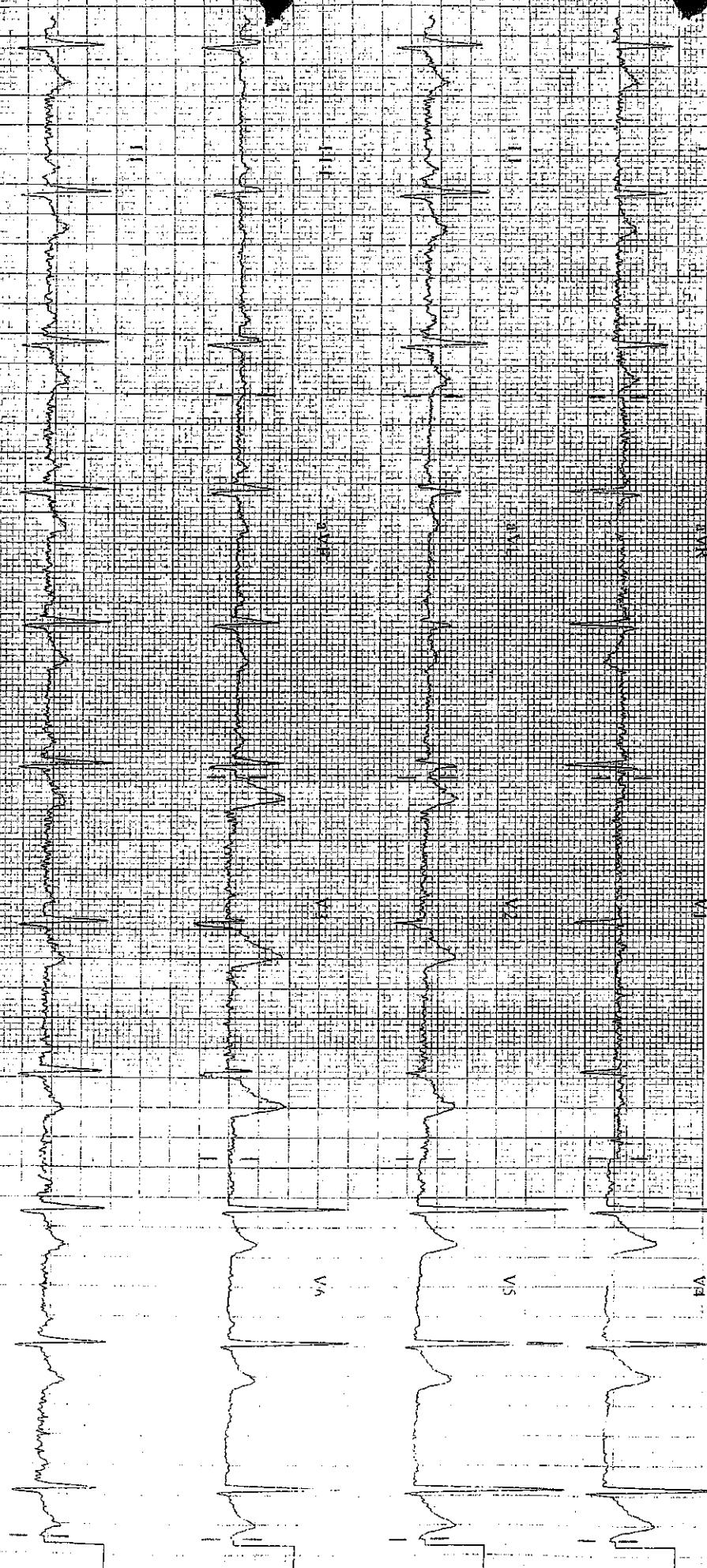
11/17/03
117/72
98%
REVIEWED BY: H. BEAM, MD
FCI MC KEAN

Rate 62 - AGE NOT ENTERED, ASSUMED TO BE 50 YEARS FOR PURPOSE OF ECG INTERPRETATION
 PR 0 - POSSIBLE ATRI FLUT/FIB, A-RATE 431 V-RATE 62 - multiple P's
 ORSD 101 - PROBABLE LEFT VENTRICULAR HYPERTROPHY - LVH voltage with LAA & LAD
 QT 366 - ANTERIOR Q WAVES, POSSIBLY DUE TO LVH
 QTc 372 - MINIMAL ST ELEVATION, INFERIOR LEADS
 ST > .06mV II III aVF

--Axis--
 P 35
 QRS 27
 T

- ABNORMAL ECG -

Unconfirmed diagnosis:



01-Nov-2003 20:02:57

PCI MC KEAN

11/11/2003
11/11/2003
11/11/2003

AGE NOT ENTERED. ASSUMED TO BE 50 YEARS FOR PURPOSE OF ECG INTERPRETATION

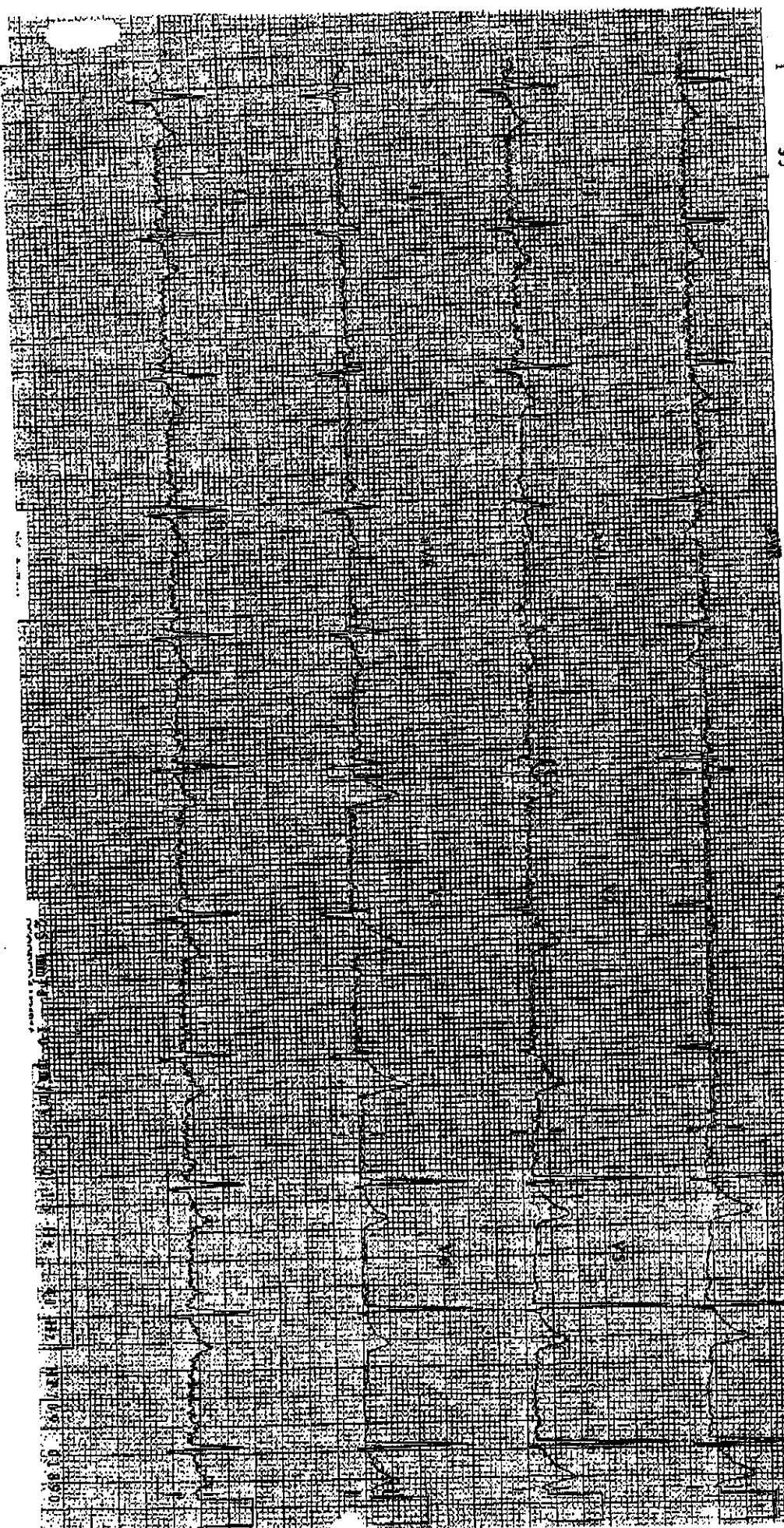
Rate 62 AGE NOT ENTERED. ASSUMED TO BE 50 YEARS FOR PURPOSE OF ECG INTERPRETATION
 PR 0 POSSIBLE ATRI FLUT/FIB, A-RATE 431 V-RATE 62
 QRS 101 PROBABLE LEFT VENTRICULAR HYPERTROPHY
 QT 366 ANTRIOR Q WAVES, POSSIBLY DUE TO LVH
 QTc 372 MINIMAL ST ELEVATION, INFERIOR LEADS
 ST > 0.6mV II III aVF

--Axis--

P 27
 QRS 27
 T 35

- ABNORMAL ECG -

Unconfirmed diagnosis.



PROBLEM LIST

IHS-126
(REV. 01/89)

PROBLEM LIST

3/2/64 PR

Medication Summary Sheet

Ord.Date 08/19/03	ALLEN, ANTHONY GEORGE	W. COLLINS
Exp.Date 10/17/03	40428-053	(1)Refills
TAKE TWO TABLETS EVERY TWELVE HOURS		
Rx # 153309	PENICILLIN VK 500 MG TAB	#30
Ord.Date 08/19/03	ALLEN, ANTHONY GEORGE	W. COLLINS
Exp.Date 10/17/03	40428-053	(1)Refills
TAKE ONE TABLET EVERY EIGHT HOURS AS NEEDED		
Rx # 153310	IBUPROFEN 800 MG TAB	#20
Ord.Date 09/22/03	ALLEN, ANTHONY GEORGE	H. BEAM,MD
Exp.Date 12/20/03	40428-053	(2)Refills
TAKE 1 TABLET WITH A FULL GLASS OF WATER 3 TIMES DAILY.		
IMPORTANT: INCREASE YOUR DAILY FLUID AND WATER INTAKE.		
Rx # 155292	FIBER TABLET	#90
Ord.Date 09/22/03	ALLEN, ANTHONY GEORGE	H. BEAM,MD
Exp.Date 12/20/03	40428-053	(2)Refills
UNWRAP AND INSERT 1 SUPPOSITORY INTO YOUR RECTUM 2 TIMES DAILY.		
Rx # 155293	HYDROCORTISONE ACET. SUPPS, 24 25 MG SUPP	#20
Ord.Date 09/22/03	ALLEN, ANTHONY GEORGE	H. BEAM,MD
Exp.Date 12/20/03	40428-053	(2)Refills
APPLY VERY SMALL AMOUNT TO THE AFFECTED AREA(S) 2 TIMES DAILY.		
Rx # 155294	BACITRACIN OINT	#1
Ord.Date 10/28/03	ALLEN, ANTHONY GEORGE	H. BEAM,MD
Exp.Date 11/10/03	40428-053	(0)Refills
TAKE ONE TABLET THREE TIMES DAILY		
Rx # 157572	METRONIDAZOLE 250 MG TAB	#30
Ord.Date 10/28/03	ALLEN, ANTHONY GEORGE	H. BEAM,MD
Exp.Date 11/10/03	40428-053	(0)Refills
TAKE ONE TABLET FOUR TIMES DAILY		
Rx # 157571	PENICILLIN VK 500 MG TAB	#40
Ord.Date 11/03/03	ALLEN, ANTHONY GEORGE	H. BEAM,MD
Exp.Date 11/17/03	40428-053	(0)Refills
TAKE ONE CAPSULE TWICE DAILY UNTIL FINISHED		
Rx # 157849	DOXYCYCLINE 100 MG CAP	#20
Ord.Date 12/01/03	ALLEN, ANTHONY GEORGE	S. LABROZZI
Exp.Date 12/14/03	40428-053	(0)Refills
TAKE ONE CAPSULE TWICE DAILY FOR 10 DAYS		
Rx # 159449	DOXYCYCLINE 100 MG CAP	#20

Ord.Date 12/10/03	ALLEN, ANTHONY GEORGE	H. BEAM,MD
Exp.Date 12/17/03	40428-053	(0)Refills
TAKE ONE TABLET AT 7 AM, 12:00, AND 7 PM		
Rx # 160137	SIMETHICONE (QUAL) 80 TAB	#30
Ord.Date 12/10/03	ALLEN, ANTHONY GEORGE	H. BEAM,MD
Exp.Date 12/17/03	40428-053	(0)Refills
TAKE ONE TABLET AT 7 AM, 12:00, 7 PM THEN DISCONTINUE		
Rx # 160136	CHLORPHENIRAMINE 4 MG TAB	#15
Ord.Date 02/03/04	ALLEN, ANTHONY GEORGE	D. OLSON
Exp.Date 03/03/04	40428-053	(0)Refills
TAKE 1 TABLET 4 TIMES DAILY, DO NOT SKIP DOSES. (ANTIBIOTIC)		
Rx # 162851	PENICILLIN VK 500 MG TAB	#12
Ord.Date 09/03/04	ALLEN, ANTHONY GEORGE	W. COLLINS
Exp.Date 11/01/04	40428-053	(1)Refills
TAKE TWO CAPSULES EVERY TWELVE HOURS		
Rx # 172632	AMOXICILLIN 500 MG CAP	#30
Ord.Date 09/03/04	ALLEN, ANTHONY GEORGE	W. COLLINS
Exp.Date 11/01/04	40428-053	(1)Refills
TAKE ONE TABLET EVERY 8 HOURS WITH FOOD AS NEEDED		
Rx # 172633	IBUPROFEN 800 MG TAB	#20

ALLEN, ANTHONY GEORGE
40428-053
MCKEAN HOUSING FACILITY - C01
08/19/2003

FCI
McKean

BP-S619.060 **IMMUNIZATION RECORD** CDFRM
AUG 96

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TETANUS TOXOIDS

TUBERCULIN TESTS

**Patient Identification
(Name, Reg #)**

(This form may be replicated via WP)

MEDICAL RECORD		REPORT OF MEDICAL EXAMINATION							DATE OF EXAM 3-71-04																																																																																																																																
1. LAST NAME-FIRST NAME-MIDDLE NAME Allen, Anthony				2. IDENTIFICATION NUMBER Y0Y28-053			3. GRADE AND COMPONENT OR POSITION																																																																																																																																		
4. HOME ADDRESS (Number, street or RFD, city or town, state and ZIP code) 1175 Park Place Brooklyn				5. EMERGENCY CONTACT (Name and address of contact) 1175 Park Place Brooklyn NY 11213																																																																																																																																					
6. DATE OF BIRTH 3-2-64		7. AGE 40		8. SEX <input type="checkbox"/> FEMALE <input checked="" type="checkbox"/> MALE		9. RELATIONSHIP OF CONTACT wife																																																																																																																																			
10. PLACE OF BIRTH Kingston Jamaica		11. RACE <input type="checkbox"/> WHITE <input type="checkbox"/> BLACK		<input type="checkbox"/> AMERICAN INDIAN/ALASKA NATIVE		<input type="checkbox"/> HISPANIC WHITE		<input type="checkbox"/> HISPANIC BLACK		<input type="checkbox"/> ASIAN/PACIFIC ISLANDER																																																																																																																															
12a. AGENCY BOP DOB		12b. ORGANIZATION UNIT FCI McKean		13. TOTAL YEARS GOVERNMENT SERVICE																																																																																																																																					
				a. MILITARY		b. CIVILIAN																																																																																																																																			
14. NAME OF EXAMINING FACILITY OR EXAMINER, AND ADDRESS FCI McKean P.O. Box 5000 Bradford, PA 16701				15. RATING OR SPECIALTY OF EXAMINER																																																																																																																																					
				16. PURPOSE OF EXAMINATION A+D Bi-Annual																																																																																																																																					
17. CLINICAL EVALUATION																																																																																																																																									
(Check each item in appropriate column, enter "NE" if not evaluated.)				(Check each item in appropriate column, enter "NE" if not evaluated.)				(Check each item in appropriate column, enter "NE" if not evaluated.)																																																																																																																																	
A. HEAD, FACE, NECK AND SCALP				B. EARS-GENERAL (INTERNAL CANALS) (Auditory acuity under items 39 and 40)				C. DRUMS (Perforation)																																																																																																																																	
D. NOSE				E. SINUSES				F. MOUTH AND THROAT																																																																																																																																	
G. EYES-GENERAL (Visual acuity and refraction under items 28, 29, and 36)				H. OPHTHALMOSCOPIC				I. PUPILS (Equality and reaction)																																																																																																																																	
J. OCULAR MOTILITY (Associated parallel movements nystagmus)				K. LUNGS AND CHEST				L. HEART (Thrust, size, rhythm, sounds)																																																																																																																																	
M. VASCULAR SYSTEM (Varicosities, etc.)				N. ABDOMEN AND VISCERA (Include hernia)				O. PROSTATE (Over 40 or clinically indicated)																																																																																																																																	
P. TESTICULAR				Q. ANUS AND RECTUM (Hemorrhoids, Fistulae) (Hemoccult Results)				R. ENDOCRINE SYSTEM																																																																																																																																	
S. GUT SYSTEM				T. UPPER EXTREMITIES (Strength, range of motion)				U. FEET																																																																																																																																	
V. LOWER EXTREMITIES (Except feet) (Strength, range of motion)				W. SPINE, OTHER MUSCULOSKELETAL				X. IDENTIFYING BODY MARKS, SCARS, TATTOOS																																																																																																																																	
Y. SKIN, LYMPHATICS				Z. NEUROLOGIC (Equilibrium tests under item 41)				AA. PSYCHIATRIC (Specify any personality deviation)																																																																																																																																	
BB. BREASTS				CC. PELVIC (Females only)				DD. TATTOO																																																																																																																																	
NOTES: (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 42 and use additional sheets if necessary) X - tattoo X/																																																																																																																																									
18. DENTAL (Place appropriate symbols, shown in examples, above or below number of upper and lower teeth.)																																																																																																																																									
<table border="1"> <thead> <tr> <th colspan="3">0</th> <th colspan="3">1</th> <th colspan="3">X</th> <th colspan="3">Missing</th> <th colspan="3">Replaced by</th> <th colspan="3">Fixed</th> </tr> <tr> <th>1</th><th>2</th><th>3</th> <th>1</th><th>2</th><th>3</th> <th>1</th><th>2</th><th>3</th> <th>1</th><th>2</th><th>3</th> <th>1</th><th>2</th><th>3</th> <th>1</th><th>2</th><th>3</th> </tr> <tr> <th>32</th><th>31</th><th>30</th> <th>32</th><th>31</th><th>30</th> <th>32</th><th>31</th><th>30</th> <th>32</th><th>31</th><th>30</th> <th>32</th><th>31</th><th>30</th> <th>32</th><th>31</th><th>30</th> </tr> </thead> <tbody> <tr> <td>R</td><td>0</td><td></td> <td></td><td></td><td></td> <td>X</td><td></td><td></td> <td>X</td><td>X</td><td>X</td> <td>X</td><td></td><td></td> <td>X</td><td></td><td></td> </tr> <tr> <td>G</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td> <td>6</td><td>7</td><td>8</td> <td>9</td><td>10</td><td>11</td> <td>12</td><td>13</td><td>14</td><td>15</td><td>16</td> <td>L</td> </tr> <tr> <td>H</td><td>32</td><td>31</td><td>30</td><td>29</td><td>28</td> <td>27</td><td>26</td><td>25</td> <td>24</td><td>23</td><td>22</td> <td>21</td><td>20</td><td>19</td><td>18</td><td>17</td> <td>F</td> </tr> <tr> <td>T</td><td></td><td></td><td></td><td></td><td></td> <td></td><td></td><td></td> <td></td><td></td><td></td> <td></td><td></td><td></td><td></td><td></td> <td>T</td> </tr> </tbody> </table>												0			1			X			Missing			Replaced by			Fixed			1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	32	31	30	32	31	30	32	31	30	32	31	30	32	31	30	32	31	30	R	0					X			X	X	X	X			X			G	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	L	H	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	F	T																	T
0			1			X			Missing			Replaced by			Fixed																																																																																																																										
1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3																																																																																																																								
32	31	30	32	31	30	32	31	30	32	31	30	32	31	30	32	31	30																																																																																																																								
R	0					X			X	X	X	X			X																																																																																																																										
G	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	L																																																																																																																								
H	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	F																																																																																																																								
T																	T																																																																																																																								
REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES																																																																																																																																									
19. TEST RESULTS (Copies of results are preferred as attachments)																																																																																																																																									
A. URINALYSIS: (1) SPECIFIC GRAVITY						B. CHEST X-RAY OR PPD (Place, date, film number and result)																																																																																																																																			
(2) URINE ALBUMIN			(4) MICROSCOPIC																																																																																																																																						
(3) URINE SUGAR																																																																																																																																									
C. SYPHILIS SEROLOGY (Specify test used and results)			D. EKG		E. BLOOD TYPE AND RH FACTOR		F. OTHER TESTS																																																																																																																																		

BP-S354.060 INTAKE SCREENING (MEDICAL) CDFRM

NOV 94

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

(Medical staff shall complete this screening form on all arrivals to the Institution)

Institution McKean	Date of Arrival 2/21/04	Time of Arrival
Inmate's Name Allen, Anthony	Register Number 40428-053	

MEDICAL CLEARANCE

1. BP-149(60) reviewed? yes; no (Explain)

2. General Population Housing Approved? yes; no (Specify limitation or need)

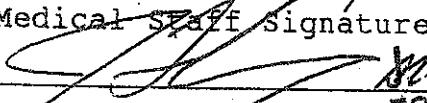
3. Approved for Temporary Work Assignment? yes; no (Specify limitations or exclusions)

4. For Holdovers: OK for Continued Transport? yes; no (Explain)

5. Disabilities? yes no (If yes, enter code(s) into MDS)
Code(s)

6. Remarks:

EHH, NKDA

Medical Staff Signature 	Medical Staff Title FCI McKean Paramedic	Date 2/21/04	Time 1800
---	--	-----------------	--------------

Record Copy - Inmate Central File; copy - file
(This form may be replicated via WP)Replaces BP-354(60) of APRIL 1990
and BP-S354 of AUG 1994

Allen, Anthony

40428-03

MEASUREMENTS AND OTHER FINDINGS

20. HEIGHT 6' 1"	21. WEIGHT 204	22. COLOR HAIR Black	23. COLOR EYES Brown	24. BUILD <input type="checkbox"/> SLENDER <input checked="" type="checkbox"/> MEDIUM <input type="checkbox"/> HEAVY <input type="checkbox"/> OBESE	25. TEMPERATURE 95.9
26. BLOOD PRESSURE (Arm at heart level) A. SITTING B. RECUMBENT C. STANDING (5 mins.) D. AFTER EXERCISE E. 2 MINS. AFTER					27. PULSE (Arm at heart level) 70
28. DISTANT VISION RIGHT 20/20 CORR. TO 20/ LEFT 20/20 CORR. TO 20/		29. REFRACTION S. CX			30. NEAR VISION CORR. TO BY
					CORR. TO BY
31. HETEROPHORIA (Specify distance) 6/16/03					

ESO	EXO	R.H.	L.H.	PRISM DIV.	PRISM CONV. CT	PC	PD
32. ACCOMMODATION RIGHT WNL LEFT WNL		33. COLOR VISION (Test used and result) Passed			34. DEPTH PERCEPTION (Test used and score)	UNCORRECTED	
35. FIELD OF VISION RIGHT WNL LEFT WNL		36. NIGHT VISION (Test used and score)			37. RED LENS TEST	CORRECTED	
39. HEARING RIGHT WV /15 SV /15 LEFT WV /15 SV /15		40. AUDIOMETER RIGHT: 250 256 500 512 1000 1024 2000 2048 3000 2896 4000 4096 6000 6144 8000 8192 LEFT: _____			41. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)	38. INTRAOCCULAR TENSION RIGHT LEFT	

42. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

Year. Hx - none
Med/ Surg Hx - ext. inguinal hernia repair 1/04

(Use additional sheets if necessary)

43. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

CHM no medical concerns
Rt. inguinal hernia repair & problems

44. RECOMMENDATIONS - FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)

None at this time

45A. PHYSICAL PROFILE

P	U	L	H	E	S

46. EXAMINEE (Check)

A. IS QUALIFIED FOR Reg. housing, duty,
B. IS NOT QUALIFIED FOR

45B. PHYSICAL CATEGORY

A	B	C	E

47. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

48. TYPED OR PRINTED NAME OF PHYSICIAN

J. Glenn, FNP-C

SIGNATURE

J. Glenn, FNP-C

49. TYPED OR PRINTED NAME OF PHYSICIAN

FCI McLean

SIGNATURE

J. Glenn, FNP-C

50. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)

Clinic Director

SIGNATURE

51. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY

SIGNATURE

MEDICAL RECORD		REPORT OF MEDICAL EXAMINATION										DATE OF EXAM 11-20-01																																																																																																																																																																																																																																																													
1. LAST NAME-FIRST NAME-MIDDLE NAME <i>Allen, Anthony</i>					2. IDENTIFICATION NUMBER <i>40428-053</i>					3. GRADE AND COMPONENT OR POSITION <i>VY VUNIE ALLEN mother Teddy Allen brother</i>																																																																																																																																																																																																																																																															
4. HOME ADDRESS (Number, street or RFD, city or town, state and ZIP code) <i>303 Legion St Brooklyn, NY 11212</i>					5. EMERGENCY CONTACT (Name and address of contact) <i>Same</i>					9. RELATIONSHIP OF CONTACT <i>Mother or brother</i>																																																																																																																																																																																																																																																															
6. DATE OF BIRTH <i>5-2-64</i>		7. AGE <i>37</i>		8. SEX <input type="checkbox"/> FEMALE <input checked="" type="checkbox"/> MALE		11. RACE <input type="checkbox"/> WHITE <input checked="" type="checkbox"/> BLACK					12. ORGANIZATION UNIT <i>McKean</i>																																																																																																																																																																																																																																																														
10. PLACE OF BIRTH <i>Stratford, WI</i>					13. TOTAL YEARS GOVERNMENT SERVICE <i>11/12</i>					14. NAME OF EXAMINING FACILITY OR EXAMINER, AND ADDRESS <i>FCI McKean Box 5000 Bradford, PA</i>																																																																																																																																																																																																																																																															
15. RATING OR SPECIALTY OF EXAMINER <i>HIV - blood sugar - or - necessary</i>					16. PURPOSE OF EXAMINATION <i>Bi Anwal</i>					17. CLINICAL EVALUATION																																																																																																																																																																																																																																																															
<table border="1"> <tr> <td colspan="2">NOR-MAL</td> <td colspan="4">(Check each item in appropriate column, enter "NE" if not evaluated.)</td> <td colspan="2">ABNOR-MAL</td> <td colspan="2">NOR-MAL</td> <td colspan="4">(Check each item in appropriate column, enter "NE" if not evaluated.)</td> <td colspan="2">ABNOR-MAL</td> </tr> <tr> <td colspan="2"><input checked="" type="checkbox"/></td> <td colspan="4">A. HEAD, FACE, NECK AND SCALP</td> <td colspan="2"><input type="checkbox"/></td> <td colspan="2"><input checked="" type="checkbox"/></td> <td colspan="4">D. PROSTATE (Over 40 or clinically indicated)</td> <td colspan="2"><input type="checkbox"/></td> </tr> <tr> <td colspan="2"><input checked="" type="checkbox"/></td> <td colspan="4">B. EARS-GENERAL (INTERNAL CANALS) (Auditory acuity under items 39 and 40)</td> <td colspan="2"><input checked="" type="checkbox"/></td> <td colspan="2"><input checked="" type="checkbox"/></td> <td colspan="4">P. TESTICULAR</td> <td colspan="2"><input type="checkbox"/></td> </tr> <tr> <td colspan="2"><input checked="" type="checkbox"/></td> <td colspan="4">C. DRUMS (Paranasal)</td> <td colspan="2"><input checked="" type="checkbox"/></td> <td colspan="2"><input checked="" type="checkbox"/></td> <td colspan="4">Q. ANUS AND RECTUM (Hemorrhoids, Fistulae) (Hemoccult Results)</td> <td colspan="2"><input type="checkbox"/></td> </tr> <tr> <td colspan="2"><input checked="" type="checkbox"/></td> <td colspan="4">D. NOSE</td> <td colspan="2"><input checked="" type="checkbox"/></td> <td colspan="2"><input checked="" type="checkbox"/></td> <td colspan="4">R. ENDOCRINE SYSTEM</td> <td colspan="2"><input type="checkbox"/></td> </tr> <tr> <td colspan="2"><input checked="" type="checkbox"/></td> <td colspan="4">E. SINUSES</td> <td colspan="2"><input checked="" type="checkbox"/></td> <td colspan="2"><input checked="" type="checkbox"/></td> <td colspan="4">S. G-U SYSTEM</td> <td colspan="2"><input type="checkbox"/></td> </tr> <tr> <td colspan="2"><input checked="" type="checkbox"/></td> <td colspan="4">F. MOUTH AND THROAT</td> <td colspan="2"><input checked="" type="checkbox"/></td> <td colspan="2"><input checked="" type="checkbox"/></td> <td colspan="4">T. UPPER EXTREMITIES (Strength, range of motion)</td> <td colspan="2"><input type="checkbox"/></td> </tr> <tr> <td colspan="2"><input checked="" type="checkbox"/></td> <td colspan="4">G. EYES-GENERAL (Visual acuity and refraction under items 28, 29, and 36)</td> <td colspan="2"><input checked="" type="checkbox"/></td> <td colspan="2"><input checked="" type="checkbox"/></td> <td colspan="4">U. FEET</td> <td colspan="2"><input type="checkbox"/></td> </tr> <tr> <td colspan="2"><input checked="" type="checkbox"/></td> <td colspan="4">H. OPHTHALMOSCOPIC</td> <td colspan="2"><input checked="" type="checkbox"/></td> <td colspan="2"><input checked="" type="checkbox"/></td> <td colspan="4">V. LOWER EXTREMITIES (Except feet) (Strength, range of motion)</td> <td colspan="2"><input type="checkbox"/></td> </tr> <tr> <td colspan="2"><input checked="" type="checkbox"/></td> <td colspan="4">I. PUPILS (Equality and reaction)</td> <td colspan="2"><input checked="" type="checkbox"/></td> <td colspan="2"><input checked="" type="checkbox"/></td> <td colspan="4">W. SPINE, OTHER MUSCULOSKELETAL</td> <td colspan="2"><input type="checkbox"/></td> </tr> <tr> <td colspan="2"><input checked="" type="checkbox"/></td> <td colspan="4">J. OCULAR MOTILITY (Associated parallel movements nystagmus)</td> <td colspan="2"><input checked="" type="checkbox"/></td> <td colspan="2"><input checked="" type="checkbox"/></td> <td colspan="4">X. IDENTIFYING BODY MARKS, SCARS, TATTOOS</td> <td colspan="2"><input type="checkbox"/></td> </tr> <tr> <td colspan="2"><input checked="" type="checkbox"/></td> <td colspan="4">K. LUNGS AND CHEST</td> <td colspan="2"><input checked="" type="checkbox"/></td> <td colspan="2"><input checked="" type="checkbox"/></td> <td colspan="4">Y. SKIN, LYMPHATICS</td> <td colspan="2"><input type="checkbox"/></td> </tr> <tr> <td colspan="2"><input checked="" type="checkbox"/></td> <td colspan="4">L. HEART (Thrust, size, rhythm, sounds)</td> <td colspan="2"><input checked="" type="checkbox"/></td> <td colspan="2"><input checked="" type="checkbox"/></td> <td colspan="4">Z. NEUROLOGIC (Equilibrium tests under item 41)</td> <td colspan="2"><input type="checkbox"/></td> </tr> <tr> <td colspan="2"><input checked="" type="checkbox"/></td> <td colspan="4">M. VASCULAR SYSTEM (Varicosities, etc.)</td> <td colspan="2"><input checked="" type="checkbox"/></td> <td colspan="2"><input checked="" type="checkbox"/></td> <td colspan="4">AA. PSYCHIATRIC (Specify any personality deviation)</td> <td colspan="2"><input type="checkbox"/></td> </tr> <tr> <td colspan="2"><input checked="" type="checkbox"/></td> <td colspan="4">N. ABDOMEN AND VISCERA (Include hernia)</td> <td colspan="2"><input checked="" type="checkbox"/></td> <td colspan="2"><input checked="" type="checkbox"/></td> <td colspan="4">BB. BREASTS</td> <td colspan="2"><input type="checkbox"/></td> </tr> <tr> <td colspan="2"><input checked="" type="checkbox"/></td> <td colspan="4">O. PELVIC (Females only)</td> <td colspan="2"><input checked="" type="checkbox"/></td> <td colspan="2"><input checked="" type="checkbox"/></td> <td colspan="4">CC. PELVIC (Females only)</td> <td colspan="2"><input type="checkbox"/></td> </tr> </table>										NOR-MAL		(Check each item in appropriate column, enter "NE" if not evaluated.)				ABNOR-MAL		NOR-MAL		(Check each item in appropriate column, enter "NE" if not evaluated.)				ABNOR-MAL		<input checked="" type="checkbox"/>		A. HEAD, FACE, NECK AND SCALP				<input type="checkbox"/>		<input checked="" type="checkbox"/>		D. PROSTATE (Over 40 or clinically indicated)				<input type="checkbox"/>		<input checked="" type="checkbox"/>		B. EARS-GENERAL (INTERNAL CANALS) (Auditory acuity under items 39 and 40)				<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		P. TESTICULAR				<input type="checkbox"/>		<input checked="" type="checkbox"/>		C. DRUMS (Paranasal)				<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		Q. ANUS AND RECTUM (Hemorrhoids, Fistulae) (Hemoccult Results)				<input type="checkbox"/>		<input checked="" type="checkbox"/>		D. NOSE				<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		R. ENDOCRINE SYSTEM				<input type="checkbox"/>		<input checked="" type="checkbox"/>		E. SINUSES				<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		S. G-U SYSTEM				<input type="checkbox"/>		<input checked="" type="checkbox"/>		F. MOUTH AND THROAT				<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		T. UPPER EXTREMITIES (Strength, range of motion)				<input type="checkbox"/>		<input checked="" type="checkbox"/>		G. EYES-GENERAL (Visual acuity and refraction under items 28, 29, and 36)				<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		U. FEET				<input type="checkbox"/>		<input checked="" type="checkbox"/>		H. OPHTHALMOSCOPIC				<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		V. LOWER EXTREMITIES (Except feet) (Strength, range of motion)				<input type="checkbox"/>		<input checked="" type="checkbox"/>		I. PUPILS (Equality and reaction)				<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		W. SPINE, OTHER MUSCULOSKELETAL				<input type="checkbox"/>		<input checked="" type="checkbox"/>		J. OCULAR MOTILITY (Associated parallel movements nystagmus)				<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		X. IDENTIFYING BODY MARKS, SCARS, TATTOOS				<input type="checkbox"/>		<input checked="" type="checkbox"/>		K. LUNGS AND CHEST				<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		Y. SKIN, LYMPHATICS				<input type="checkbox"/>		<input checked="" type="checkbox"/>		L. HEART (Thrust, size, rhythm, sounds)				<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		Z. NEUROLOGIC (Equilibrium tests under item 41)				<input type="checkbox"/>		<input checked="" type="checkbox"/>		M. VASCULAR SYSTEM (Varicosities, etc.)				<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		AA. PSYCHIATRIC (Specify any personality deviation)				<input type="checkbox"/>		<input checked="" type="checkbox"/>		N. ABDOMEN AND VISCERA (Include hernia)				<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		BB. BREASTS				<input type="checkbox"/>		<input checked="" type="checkbox"/>		O. PELVIC (Females only)				<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		CC. PELVIC (Females only)				<input type="checkbox"/>	
NOR-MAL		(Check each item in appropriate column, enter "NE" if not evaluated.)				ABNOR-MAL		NOR-MAL		(Check each item in appropriate column, enter "NE" if not evaluated.)				ABNOR-MAL																																																																																																																																																																																																																																																											
<input checked="" type="checkbox"/>		A. HEAD, FACE, NECK AND SCALP				<input type="checkbox"/>		<input checked="" type="checkbox"/>		D. PROSTATE (Over 40 or clinically indicated)				<input type="checkbox"/>																																																																																																																																																																																																																																																											
<input checked="" type="checkbox"/>		B. EARS-GENERAL (INTERNAL CANALS) (Auditory acuity under items 39 and 40)				<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		P. TESTICULAR				<input type="checkbox"/>																																																																																																																																																																																																																																																											
<input checked="" type="checkbox"/>		C. DRUMS (Paranasal)				<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		Q. ANUS AND RECTUM (Hemorrhoids, Fistulae) (Hemoccult Results)				<input type="checkbox"/>																																																																																																																																																																																																																																																											
<input checked="" type="checkbox"/>		D. NOSE				<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		R. ENDOCRINE SYSTEM				<input type="checkbox"/>																																																																																																																																																																																																																																																											
<input checked="" type="checkbox"/>		E. SINUSES				<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		S. G-U SYSTEM				<input type="checkbox"/>																																																																																																																																																																																																																																																											
<input checked="" type="checkbox"/>		F. MOUTH AND THROAT				<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		T. UPPER EXTREMITIES (Strength, range of motion)				<input type="checkbox"/>																																																																																																																																																																																																																																																											
<input checked="" type="checkbox"/>		G. EYES-GENERAL (Visual acuity and refraction under items 28, 29, and 36)				<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		U. FEET				<input type="checkbox"/>																																																																																																																																																																																																																																																											
<input checked="" type="checkbox"/>		H. OPHTHALMOSCOPIC				<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		V. LOWER EXTREMITIES (Except feet) (Strength, range of motion)				<input type="checkbox"/>																																																																																																																																																																																																																																																											
<input checked="" type="checkbox"/>		I. PUPILS (Equality and reaction)				<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		W. SPINE, OTHER MUSCULOSKELETAL				<input type="checkbox"/>																																																																																																																																																																																																																																																											
<input checked="" type="checkbox"/>		J. OCULAR MOTILITY (Associated parallel movements nystagmus)				<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		X. IDENTIFYING BODY MARKS, SCARS, TATTOOS				<input type="checkbox"/>																																																																																																																																																																																																																																																											
<input checked="" type="checkbox"/>		K. LUNGS AND CHEST				<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		Y. SKIN, LYMPHATICS				<input type="checkbox"/>																																																																																																																																																																																																																																																											
<input checked="" type="checkbox"/>		L. HEART (Thrust, size, rhythm, sounds)				<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		Z. NEUROLOGIC (Equilibrium tests under item 41)				<input type="checkbox"/>																																																																																																																																																																																																																																																											
<input checked="" type="checkbox"/>		M. VASCULAR SYSTEM (Varicosities, etc.)				<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		AA. PSYCHIATRIC (Specify any personality deviation)				<input type="checkbox"/>																																																																																																																																																																																																																																																											
<input checked="" type="checkbox"/>		N. ABDOMEN AND VISCERA (Include hernia)				<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		BB. BREASTS				<input type="checkbox"/>																																																																																																																																																																																																																																																											
<input checked="" type="checkbox"/>		O. PELVIC (Females only)				<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		CC. PELVIC (Females only)				<input type="checkbox"/>																																																																																																																																																																																																																																																											
NOTES: (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 42 and use additional sheets if necessary)										(2) - missing teeth 1-6 (3) pt. has extremely large inguinal hernia (R) which extends down into scrotal sac. pt. states it causes no problems unless he eats "greasy foods" which causes pain in this area.					(2) - (6) knee scars - bike accident (2) elbow - facial scars from childhood Tattoo - (2) chest																																																																																																																																																																																																																																																										
18. DENTAL (Place appropriate symbols, shown in examples, above or below number of upper and lower teeth.)															REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES																																																																																																																																																																																																																																																										
1		2		3		4		5		6		7		8		9																																																																																																																																																																																																																																																									
32		31		30		29		28		27		26		25		24																																																																																																																																																																																																																																																									
2		3		4		5		6		7		8		9		10																																																																																																																																																																																																																																																									
1		2		3		4		5		6		7		8		9																																																																																																																																																																																																																																																									
R		L		U		D		V		W		X		Y		Z																																																																																																																																																																																																																																																									
G		H		I		J		K		L		M		N		O																																																																																																																																																																																																																																																									
F		E		D		C		B		A		S		T		P																																																																																																																																																																																																																																																									
B		D		F		H		I		J		K		L		M																																																																																																																																																																																																																																																									
A		C		E		G		H		I		J		K		L																																																																																																																																																																																																																																																									
X		Y		Z		U		V		W		T		S		P																																																																																																																																																																																																																																																									
K		L		M		N		O		P		Q		R		S																																																																																																																																																																																																																																																									
L		M		N		O		P		Q		R		S		T																																																																																																																																																																																																																																																									
M		N		O		P		Q		R		S		T		U																																																																																																																																																																																																																																																									
N		O		P		Q		R		S		T		U		V																																																																																																																																																																																																																																																									
O		P		Q		R		S		T		U		V		W																																																																																																																																																																																																																																																									
P		Q		R		S		T		U		V		W		X																																																																																																																																																																																																																																																									
Q		R		S		T		U		V		W		X		Y																																																																																																																																																																																																																																																									
R		S		T		U		V		W		X		Y		Z																																																																																																																																																																																																																																																									
S		T		U		V		W		X		Y		Z		A																																																																																																																																																																																																																																																									
T		U		V		W		X		Y		Z		A		B																																																																																																																																																																																																																																																									
U		V		W		X		Y		Z		A		B		C																																																																																																																																																																																																																																																									
V		W		X		Y		Z		A		B		C		D																																																																																																																																																																																																																																																									
W		X		Y		Z		A		B		C		D		E																																																																																																																																																																																																																																																									
X		Y		Z		A		B		C		D		E		F																																																																																																																																																																																																																																																									
Y		Z		A		B		C		D		E		F		G																																																																																																																																																																																																																																																									
Z		A		B		C		D		E		F		G		H																																																																																																																																																																																																																																																									
A		B		C		D		E		F		G		H		I																																																																																																																																																																																																																																																									
B		C		D		E		F		G		H		I		J																																																																																																																																																																																																																																																									
C		D		E		F		G		H		I		J		K																																																																																																																																																																																																																																																									
D		E		F		G		H		I		J		K		L																																																																																																																																																																																																																																																									
E		F		G		H		I		J		K		L		M																																																																																																																																																																																																																																																									
F		G		H		I		J		K		L		M		N																																																																																																																																																																																																																																																									
G		H		I		J		K		L		M		N		O																																																																																																																																																																																																																																																									
H		I		J		K		L		M		N		O		P																																																																																																																																																																																																																																																									
I		J		K		L		M		N		O		P		Q																																																																																																																																																																																																																																																									
J		K		L		M		N		O		P		Q		R																																																																																																																																																																																																																																																									
K		L		M		N		O		P		Q		R		S																																																																																																																																																																																																																																																									
L		M		N		O		P		Q		R		S		T																																																																																																																																																																																																																																																									
M		N		O		P		Q		R		S		T		U																																																																																																																																																																																																																																																									
N		O		P		Q		R		S		T		U		V																																																																																																																																																																																																																																																									
O		P		Q		R		S		T		U		V		W																																																																																																																																																																																																																																																									
P		Q		R		S		T		U		V		W		X																																																																																																																																																																																																																																																									
Q		R		S		T		U		V		W		X		Y																																																																																																																																																																																																																																																									
R		S		T		U		V		W		X		Y		Z																																																																																																																																																																																																																																																									
S		T		U		V		W		X		Y		Z		A																																																																																																																																																																																																																																																									
T		U		V		W		X		Y		Z		A		B																																																																																																																																																																																																																																																									
U		V		W		X		Y		Z		A		B		C																																																																																																																																																																																																																																																									
V		W		X		Y		Z		A		B		C		D																																																																																																																																																																																																																																																									
W		X		Y		Z		A		B		C		D		E																																																																																																																																																																																																																																																									
X		Y		Z		A		B		C		D		E		F																																																																																																																																																																																																																																																									
Y		Z		A		B		C		D		E		F		G																																																																																																																																																																																																																																																									
Z		A		B		C		D		E		F		G		H																																																																																																																																																																																																																																																									
A		B		C		D		E		F		G		H		I																																																																																																																																																																																																																																																									
B		C		D		E		F		G		H		I		J																																																																																																																																																																																																																																																									
C		D		E		F		G		H		I		J		K																																																																																																																																																																																																																																																									
D		E		F		G		H		I		J		K		L																																																																																																																																																																																																																																																									
E		F		G		H		I		J		K		L		M																																																																																																																																																																																																																																																									
F		G		H		I		J		K		L		M		N																																																																																																																																																																																																																																																									
G		H		I		J		K		L		M		N		O																																																																																																																																																																																																																																																									
H		I		J		K		L		M		N		O		P																																																																																																																																																																																																																																																									
I		J		K		L		M		N		O		P		Q																																																																																																																																																																																																																																																									
J		K		L		M		N		O		P		Q		R																																																																																																																																																																																																																																																									
K		L		M		N		O		P		Q		R		S																																																																																																																																																																																																																																																									
L		M		N		O		P		Q		R		S		T																																																																																																																																																																																																																																																									
M		N		O		P		Q		R		S		T		U																																																																																																																																																																																																																																																									
N		O		P		Q		R		S		T		U		V																																																																																																																																																																																																																																																									
O		P		Q		R		S		T		U		V		W																																																																																																																																																																																																																																																									
P		Q		R		S		T		U		V		W		X																																																																																																																																																																																																																																																									
Q		R		S		T		U		V		W		X		Y																																																																																																																																																																																																																																																									
R		S		T		U		V		W		X		Y		Z																																																																																																																																																																																																																																																									
S		T		U		V		W		X		Y		Z		A																																																																																																																																																																																																																																																									
T		U		V		W		X		Y		Z		A		B																																																																																																																																																																																																																																																									
U		V		W		X		Y		Z		A		B		C																																																																																																																																																																																																																																																									
V		W		X		Y		Z		A		B		C		D																																																																																																																																																																																																																																																									
W		X		Y		Z		A		B		C		D		E																																																																																																																																																																																																																																																									
X		Y		Z		A		B		C		D		E		F																																																																																																																																																																																																																																																									
Y		Z		A		B		C		D		E		F		G																																																																																																																																																																																																																																																									
Z		A		B		C		D		E		F		G		H																																																																																																																																																																																																																																																									
A		B		C		D		E		F		G		H		I																																																																																																																																																																																																																																																									
B		C		D		E		F		G		H		I		J																																																																																																																																																																																																																																																									
C		D		E		F		G		H		I		J		K																																																																																																																																																																																																																																																									
D		E		F		G		H		I		J		K		L																																																																																																																																																																																																																																																									
E		F		G		H		I		J		K		L		M																																																																																																																																																																																																																																																									
F		G		H		I		J		K		L		M		N																																																																																																																																																																																																																																																									
G		H		I		J		K		L		M		N		O																																																																																																																																																																																																																																																									
H		I		J		K		L		M		N		O		P																																																																																																																																																																																																																																																									
I		J		K		L		M		N		O		P		Q																																																																																																																																																																																																																																																									
J		K		L		M		N		O		P		Q		R																																																																																																																																																																																																																																																									
K		L		M		N		O		P		Q		R		S																																																																																																																																																																																																																																																									
L		M		N		O		P		Q		R		S		T																																																																																																																																																																																																																																																									
M		N		O		P		Q		R		S		T		U																																																																																																																																																																																																																																																									
N		O		P		Q		R		S		T		U		V																																																																																																																																																																																																																																																									
O		P		Q		R		S		T		U		V		W																																																																																																																																																																																																																																																									
P		Q		R		S		T		U		V		W		X																																																																																																																																																																																																																																																									
Q		R		S		T		U		V		W		X		Y																																																																																																																																																																																																																																																									
R		S		T		U		V		W		X		Y		Z																																																																																																																																																																																																																																																									
S		T		U		V		W		X		Y		Z		A																																																																																																																																																																																																																																																									
T		U		V		W		X		Y		Z		A		B																																																																																																																																																																																																																																																									
U		V		W		X		Y		Z		A		B		C																																																																																																																																																																																																																																																									
V		W		X		Y		Z		A		B		C		D																																																																																																																																																																																																																																																									
W		X		Y		Z		A		B		C		D		E																																																																																																																																																																																																																																																									
X		Y		Z		A		B		C		D		E		F																																																																																																																																																																																																																																																									
Y		Z		A		B																																																																																																																																																																																																																																																																			

NAME: <i>Allen C. Brown</i>		IDENTIFICATION NUMBER: <i>404188-013</i>		NO. OF SHEETS ATTACHED: <i>6</i>																			
MEASUREMENTS AND OTHER FINDINGS																							
20. HEIGHT: <i>72 1/2</i>	21. WEIGHT: <i>210 lbs</i>	22. COLOR HAIR: <i>Black</i>	23. COLOR EYES: <i>Blue</i>	24. BUILT: <input checked="" type="checkbox"/> SLENDER <input type="checkbox"/> MEDIUM <input type="checkbox"/> HEAVY <input type="checkbox"/> OBEST <i>97</i>																			
25. BLOOD PRESSURE (Arm at heart level)		26. PULSE (Arm. at heart level)																					
A. SITTING: <i>110/70</i>	B. RECLINING: <i>100/60</i>	C. STANDING: <i>110/70</i>	D. SITTING: <i>110/70</i>	E. RECLINING: <i>72 P.P.R.</i>																			
28. DISTANT VISION: <i>RIGHT 20/100 LEFT 20/100</i>		29. REFRACTION: <i>BY BY</i>																					
31. HETEROPHORIA (Specify distance): <i>3' farses</i>		30. NEAR VISION: <i>CORR. TO BY BY</i>																					
ESO	EXO	R.H.	L.H.	PRISM DIV.																			
32. ACCOMMODATION: <i>RIGHT WNL LEFT WNL</i>		33. COLOR VISION (Test used and result): <i>Shelton, P.M.</i>			34. DEPTH PERCEPTION (Test used and score): <i>UNCORRECTED</i>																		
35. FIELD OF VISION: <i>RIGHT WNL LEFT WNL</i>		36. NIGHT VISION (Test used and score):			37. RED LENS TEST: <i>CORRECTED</i>																		
39. HEARING: <i>RIGHT WV /15 SV LEFT WV /15 SV</i>		40. AUDIOMETER: <table border="1"><tr><td></td><td>250</td><td>500</td><td>1000</td><td>2000</td><td>3000</td><td>4000</td><td>5000</td><td>8000</td></tr><tr><td></td><td>256</td><td>512</td><td>1024</td><td>2048</td><td>2896</td><td>4096</td><td>6144</td><td>8192</td></tr></table>				250	500	1000	2000	3000	4000	5000	8000		256	512	1024	2048	2896	4096	6144	8192	38. INTRAOCCULAR TENSION: <i>RIGHT LEFT</i>
	250	500	1000	2000	3000	4000	5000	8000															
	256	512	1024	2048	2896	4096	6144	8192															
42. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY: <i>E.H. 37 yr old male with no major health concerns or recurrent problems.</i>					41. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score):																		
(Use additional sheets if necessary)																							
43. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)																							
<ul style="list-style-type: none"> - Pt. is non-smoker. Normally wears glasses to correct 20/100 vision bil. - Extremly large, asymptomatic R inguinal hernia - Pt. is concerned about a reported C PPD from 1994. IM states this was an evn and would like it corrected. 																							
44. RECOMMENDATIONS - FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify): <i>N/A</i>					45A. PHYSICAL PROFILE																		
					<table border="1"> <tr> <td>P</td> <td>U</td> <td>L</td> <td>H</td> <td>E</td> <td>S</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	P	U	L	H	E	S												
P	U	L	H	E	S																		
46. EXAMINEE (Check)					45B. PHYSICAL CATEGORY																		
A. <input checked="" type="checkbox"/> IS QUALIFIED FOR <i>full duty</i> B. <input type="checkbox"/> IS NOT QUALIFIED FOR					<table border="1"> <tr> <td>A</td> <td>B</td> <td>C</td> <td>E</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>	A	B	C	E														
A	B	C	E																				
47. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER: <i>N/A</i>																							
48. TYPED OR PRINTED NAME OF PHYSICIAN: <i>Bonnie A. Saylor, NP</i>					SIGNATURE: <i>Bonnie A. Saylor, NP</i>																		
49. TYPED OR PRINTED NAME OF PHYSICIAN: <i>Bonnie A. Saylor, NP</i>					SIGNATURE: <i>Bonnie A. Saylor, NP</i>																		
50. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which): <i>B. O. Saylor, MD Clinical Director</i>					SIGNATURE: <i>B. O. Saylor, MD</i>																		
51. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY					SIGNATURE																		

REPORT OF MEDICAL EXAMINATION

1. LAST NAME—FIRST NAME—MIDDLE NAME <i>Allen, Anthony</i>				2. GRADE AND COMPONENT OR POSITION		3. IDENTIFICATION NO. <i>40428-053</i>																																																																																		
4. HOME ADDRESS (Number, Street or RFD, city or town, State and ZIP Code) <i>305 Legion St Brooklyn, NY</i>				5. PURPOSE OF EXAMINATION <i>A+O</i>		6. DATE OF EXAMINATION <i>9-7-94</i>																																																																																		
7. SEX <i>M</i>	8. RACE <i>White</i>	9. TOTAL YEARS GOVERNMENT SERVICE <i>MILITARY</i> <i>CIVILIAN</i>		10. AGENCY <i>BOP</i>	11. ORGANIZATION UNIT <i>FC7 mykam</i>																																																																																			
12. DATE OF BIRTH <i>5-2-64</i>	13. PLACE OF BIRTH <i>Albion, PA</i>		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN																																																																																					
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS <i>P.O. Box 5000, Bradford, PA 16701</i>				16. OTHER INFORMATION																																																																																				
17. RATING OR SPECIALTY				TIME IN THIS CAPACITY (Total)		LAST SIX MONTHS																																																																																		
CLINICAL EVALUATION <table border="1"> <tr> <td colspan="2">NORMA <i>(Check each item in appropriate column, enter "NE" if not evaluated.)</i></td> <td>ABNORMA <i>(Check each item in appropriate column, enter "NE" if not evaluated.)</i></td> </tr> <tr> <td colspan="2">18. HEAD, FACE, NECK AND SCALP</td> <td></td> </tr> <tr> <td colspan="2">19. NOSE</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td colspan="2">20. SINUSES</td> <td></td> </tr> <tr> <td colspan="2">21. MOUTH AND THROAT</td> <td></td> </tr> <tr> <td colspan="2">22. EARS—GENERAL (INTERNAL CANALS) (Auditory canal under items 70 and 71)</td> <td></td> </tr> <tr> <td colspan="2">23. DRUMS (Perforation)</td> <td></td> </tr> <tr> <td colspan="2">24. EYES—GENERAL (Visual acuity and refraction under items 59, 60 and 67)</td> <td></td> </tr> <tr> <td colspan="2">25. OPHTHALMOSCOPIC</td> <td></td> </tr> <tr> <td colspan="2">26. PUPILS (Equality and reaction)</td> <td></td> </tr> <tr> <td colspan="2">27. OCULAR MOTILITY (Associated parallel movements nystagmus)</td> <td></td> </tr> <tr> <td colspan="2">28. LUNGS AND CHEST (Include breasts)</td> <td></td> </tr> <tr> <td colspan="2">29. HEART (Thrust, size, rhythm, sounds)</td> <td></td> </tr> <tr> <td colspan="2">30. VASCULAR SYSTEM (Varicosities, etc.)</td> <td></td> </tr> <tr> <td colspan="2">31. ABDOMEN AND VISCERA (Include hernia)</td> <td></td> </tr> <tr> <td colspan="2">32. ANUS AND RECTUM (Hemorrhoids, Fissures) (Prostate, if indicated)</td> <td></td> </tr> <tr> <td colspan="2">33. ENDOCRINE SYSTEM</td> <td></td> </tr> <tr> <td colspan="2">34. G-U SYSTEM</td> <td></td> </tr> <tr> <td colspan="2">35. UPPER EXTREMITIES (Strength, range of motion)</td> <td></td> </tr> <tr> <td colspan="2">36. FEET</td> <td></td> </tr> <tr> <td colspan="2">37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)</td> <td></td> </tr> <tr> <td colspan="2">38. SPINE, OTHER MUSCULOSKELETAL</td> <td></td> </tr> <tr> <td colspan="2">39. IDENTIFYING BODY MARKS, SCARS, TATTOOS</td> <td></td> </tr> <tr> <td colspan="2">40. SKIN, LYMPHATICS</td> <td></td> </tr> <tr> <td colspan="2">41. NEUROLOGIC (Equilibrium tests under item 72)</td> <td></td> </tr> <tr> <td colspan="2">42. PSYCHIATRIC (Specify any personality deviation)</td> <td></td> </tr> <tr> <td colspan="2">43. PELVIC (Females only) (Check how done)</td> <td><input type="checkbox"/> VAGINAL <input type="checkbox"/> RECTAL</td> </tr> </table>								NORMA <i>(Check each item in appropriate column, enter "NE" if not evaluated.)</i>		ABNORMA <i>(Check each item in appropriate column, enter "NE" if not evaluated.)</i>	18. HEAD, FACE, NECK AND SCALP			19. NOSE		<input checked="" type="checkbox"/>	20. SINUSES			21. MOUTH AND THROAT			22. EARS—GENERAL (INTERNAL CANALS) (Auditory canal under items 70 and 71)			23. DRUMS (Perforation)			24. EYES—GENERAL (Visual acuity and refraction under items 59, 60 and 67)			25. OPHTHALMOSCOPIC			26. PUPILS (Equality and reaction)			27. OCULAR MOTILITY (Associated parallel movements nystagmus)			28. LUNGS AND CHEST (Include breasts)			29. HEART (Thrust, size, rhythm, sounds)			30. VASCULAR SYSTEM (Varicosities, etc.)			31. ABDOMEN AND VISCERA (Include hernia)			32. ANUS AND RECTUM (Hemorrhoids, Fissures) (Prostate, if indicated)			33. ENDOCRINE SYSTEM			34. G-U SYSTEM			35. UPPER EXTREMITIES (Strength, range of motion)			36. FEET			37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)			38. SPINE, OTHER MUSCULOSKELETAL			39. IDENTIFYING BODY MARKS, SCARS, TATTOOS			40. SKIN, LYMPHATICS			41. NEUROLOGIC (Equilibrium tests under item 72)			42. PSYCHIATRIC (Specify any personality deviation)			43. PELVIC (Females only) (Check how done)		<input type="checkbox"/> VAGINAL <input type="checkbox"/> RECTAL
NORMA <i>(Check each item in appropriate column, enter "NE" if not evaluated.)</i>		ABNORMA <i>(Check each item in appropriate column, enter "NE" if not evaluated.)</i>																																																																																						
18. HEAD, FACE, NECK AND SCALP																																																																																								
19. NOSE		<input checked="" type="checkbox"/>																																																																																						
20. SINUSES																																																																																								
21. MOUTH AND THROAT																																																																																								
22. EARS—GENERAL (INTERNAL CANALS) (Auditory canal under items 70 and 71)																																																																																								
23. DRUMS (Perforation)																																																																																								
24. EYES—GENERAL (Visual acuity and refraction under items 59, 60 and 67)																																																																																								
25. OPHTHALMOSCOPIC																																																																																								
26. PUPILS (Equality and reaction)																																																																																								
27. OCULAR MOTILITY (Associated parallel movements nystagmus)																																																																																								
28. LUNGS AND CHEST (Include breasts)																																																																																								
29. HEART (Thrust, size, rhythm, sounds)																																																																																								
30. VASCULAR SYSTEM (Varicosities, etc.)																																																																																								
31. ABDOMEN AND VISCERA (Include hernia)																																																																																								
32. ANUS AND RECTUM (Hemorrhoids, Fissures) (Prostate, if indicated)																																																																																								
33. ENDOCRINE SYSTEM																																																																																								
34. G-U SYSTEM																																																																																								
35. UPPER EXTREMITIES (Strength, range of motion)																																																																																								
36. FEET																																																																																								
37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)																																																																																								
38. SPINE, OTHER MUSCULOSKELETAL																																																																																								
39. IDENTIFYING BODY MARKS, SCARS, TATTOOS																																																																																								
40. SKIN, LYMPHATICS																																																																																								
41. NEUROLOGIC (Equilibrium tests under item 72)																																																																																								
42. PSYCHIATRIC (Specify any personality deviation)																																																																																								
43. PELVIC (Females only) (Check how done)		<input type="checkbox"/> VAGINAL <input type="checkbox"/> RECTAL																																																																																						
(Continue in item 73)																																																																																								
44. DENTAL (Place appropriate symbols, shown in examples, above or below number of upper and lower teeth.) <table border="1"> <tr> <td>1 2 3 Restorable 32 31 30</td> <td>1 2 3 Restorable 32 31 30</td> <td>Non- restorable 1 2 3 32 31 30</td> <td>Missing Teeth 1 2 3 32 31 30 x x x</td> <td>Replaced by Dentures 1 2 3 32 31 30 x x x</td> <td>Fixed Partial dentures 1 2 3 32 31 30 x x x</td> </tr> <tr> <td>R I G H T</td> <td></td> <td></td> <td></td> <td></td> <td>L E F T</td> </tr> <tr> <td>1 1 3 4 5 6 7 8</td> <td>9 10 11 12 13 14 15 16</td> <td>24 23 22 21 20 19 18 17</td> <td></td> <td></td> <td></td> </tr> </table>								1 2 3 Restorable 32 31 30	1 2 3 Restorable 32 31 30	Non- restorable 1 2 3 32 31 30	Missing Teeth 1 2 3 32 31 30 x x x	Replaced by Dentures 1 2 3 32 31 30 x x x	Fixed Partial dentures 1 2 3 32 31 30 x x x	R I G H T					L E F T	1 1 3 4 5 6 7 8	9 10 11 12 13 14 15 16	24 23 22 21 20 19 18 17																																																																		
1 2 3 Restorable 32 31 30	1 2 3 Restorable 32 31 30	Non- restorable 1 2 3 32 31 30	Missing Teeth 1 2 3 32 31 30 x x x	Replaced by Dentures 1 2 3 32 31 30 x x x	Fixed Partial dentures 1 2 3 32 31 30 x x x																																																																																			
R I G H T					L E F T																																																																																			
1 1 3 4 5 6 7 8	9 10 11 12 13 14 15 16	24 23 22 21 20 19 18 17																																																																																						
REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES																																																																																								
45. URINALYSIS. A. SPECIFIC GRAVITY B. ALBUMIN C. SUGAR 46. CHEST X-RAY (Place, date, film number and result)																																																																																								
47. SEROLOGY (Specify test used and result)				48. EKG	49. BLOOD TYPE AND RH FACTOR	50. OTHER TESTS																																																																																		

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT 6'0	52. WEIGHT 204	53. COLOR HAIR Brown	54. COLOR EYES Brown	55. BUILD <input type="checkbox"/> SLENDER <input checked="" type="checkbox"/> MEDIUM <input type="checkbox"/> HEAVY <input type="checkbox"/> OBES	56. TEMPERATURE 95.0						
57. BLOOD PRESSURE (Arm at heart level)					58. PULSE (Arm at heart level)						
A SITTING	SYS 130	B RECUMBENT	SYS 90	C STANDING /5 min.	SYS DIAS	A SPRING 84 mm	B AFTER EXERCISE	C 2 MIN. AFTER	D RECUMBENT	E AFTER STANDING 3 MIN	
59. DISTANT VISION RIGHT 20/20 CORR. TO 20/20		60. REFRACTION BY S CX		61. NEAR VISION							
LEFT 20/20 CORR. TO 20/20		BY S CX				CORR. TO BY					
62. HETEROPHORIA (Specify distance)											
ES°	EX°	R.H.	L.H.	PRISM DIV			PRISM CONV. CT		PC	PD	
63. ACCOMMODATION RIGHT LEFT		64. COLOR VISION (Test used and result)					65. DEPTH PERCEPTION (Test used and score)			UNCORRECTED CORRECTED	
66. FIELD OF VISION		67. NIGHT VISION (Test used and score)					68. RED LENS TEST			69. INTRACULAR TENSION	
70. HEARING RIGHT WV /15 SV /15 LEFT WV /15 SV /15		71. AUDIOMETER RIGHT 250 500 1000 2000 3000 4000 6000 8000 LEFT 256 512 1024 2048 2896 4096 6144 8192					72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)				

73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

① Hypertension since 6 years
 ② T.B. : denied
 H.I. : denied
 Hepatitis: denied
 I.V.D.R. : denied

(Use additional sheets if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

① Hypertension

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)

None

76. A. PHYSICAL PROFILE

P	U	L	H	E	S

77. EXAMINEE (Check)

A. IS QUALIFIED FOR

B. IS NOT QUALIFIED FOR

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

Regular Duty

B. PHYSICAL CATEGORY

79. TYPED OR PRINTED NAME OF PHYSICIAN

Chesire Gentry

SIGNATURE

80. TYPED OR PRINTED NAME OF PHYSICIAN

John S. MD
AL DIRECTIONS

SIGNATURE

81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate whether a dentist or physician)

SIGNATURE

82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY

SIGNATURE

NUMBER OF ATTACHED SHEETS

REPORT OF MEDICAL EXAMINATION

1. LAST NAME, FIRST NAME - MIDDLE NAME				2. GRADE AND COMPONENT OR POSITION		3. IDENTIFICATION NO.																																																																																																																																	
<u>Allen, Anthony</u>						<u>40428-053</u>																																																																																																																																	
4. HOME ADDRESS (Number, street or P.O. box, city or town, State and Zip Code)				5. PURPOSE OF EXAMINATION		6. DATE OF EXAMINATION																																																																																																																																	
289 Empire Blvd Brooklyn, NY 11224				<u>Medical Release</u>		16 Oct 42																																																																																																																																	
7. SEX	8. RACE	9. TOTAL YEARS GOVERNMENT SERVICE		10. AGENCY	11. ORGANIZATION UNIT																																																																																																																																		
<u>Male</u>	<u>Black</u>	MILITARY <u>111A</u>		<u>BOP</u>	<u>1900 144</u>																																																																																																																																		
12. DATE OF BIRTH	13. PLACE OF BIRTH	14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN		15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS																																																																																																																																			
<u>24 Aug 64</u>	<u>WILMINGTON, JAMAICA</u>	<u>ALLEN, Deane</u> <u>same as #4</u>		<u>MCC NEW YORK</u> <u>HEALTH SERVICES UNIT</u>																																																																																																																																			
16. OTHER INFORMATION				17. RATING OR SPECIALTY		TIME IN THIS CAPACITY (Total)	LAST SIX MONTHS																																																																																																																																
				<u>150 PARK ROW</u> <u>NEW YORK, NEW YORK 10007</u>																																																																																																																																			
CLINICAL EVALUATION (Check each item in appropriate column, enter "NE" if not evaluated.) NOTES: (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary) <table border="1" style="float: right; margin-top: 10px;"> <tr><td>NOR-MAL</td><td>ABNOR-MAL</td></tr> <tr><td>18. HEAD, FACE, NECK AND SCALP</td><td></td></tr> <tr><td>19. NOSE</td><td></td></tr> <tr><td>20. SINUSES</td><td></td></tr> <tr><td>21. MOUTH AND THROAT</td><td></td></tr> <tr><td>22. EARS - GENERAL (INTERNAL CANALS) (Auditory acuity under items 70 and 71)</td><td></td></tr> <tr><td>23. DRUMS (Perforation)</td><td></td></tr> <tr><td>24. EYES - GENERAL (Visual acuity and refraction under items 59, 60 and 67)</td><td></td></tr> <tr><td>25. OPHTHALMOSCOPIC</td><td></td></tr> <tr><td>26. PUPILS (Equality and reaction)</td><td></td></tr> <tr><td>27. OCULAR MOTILITY (Associated parallel movements nystagmus)</td><td></td></tr> <tr><td>28. LUNGS AND CHEST (Include breasts)</td><td></td></tr> <tr><td>29. HEART (Thrust, size, rhythm, sounds)</td><td></td></tr> <tr><td>30. VASCULAR SYSTEM (Varicosities, etc.)</td><td></td></tr> <tr><td>31. ABDOMEN AND VISCERA (Include hernia)</td><td></td></tr> <tr><td>32. ANUS AND RECTUM (Hemorrhoids, Fistular)</td><td></td></tr> <tr><td>33. ENDOCRINE SYSTEM</td><td></td></tr> <tr><td>34. G-U SYSTEM</td><td></td></tr> <tr><td>35. UPPER EXTREMITIES (Strength, range of motion)</td><td></td></tr> <tr><td>36. FEET</td><td></td></tr> <tr><td>37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)</td><td></td></tr> <tr><td>38. SPINE, OTHER MUSCULOSKELETAL</td><td></td></tr> <tr><td>39. IDENTIFYING BODY MARKS, SCARS, TATTOOS</td><td></td></tr> <tr><td>40. SKIN, LYMPHATICS</td><td></td></tr> <tr><td>41. NEUROLOGIC (Equilibrium tests under item 72)</td><td></td></tr> <tr><td>42. PSYCHIATRIC (Specify any personality deviation)</td><td></td></tr> <tr><td>43. PELVIC (Females only) (Check how done)</td><td></td></tr> <tr><td colspan="2"><input type="checkbox"/> VAGINAL <input type="checkbox"/> RECTAL</td><td colspan="6" style="text-align: right;">(Continue in item 73)</td></tr> </table>								NOR-MAL	ABNOR-MAL	18. HEAD, FACE, NECK AND SCALP		19. NOSE		20. SINUSES		21. MOUTH AND THROAT		22. EARS - GENERAL (INTERNAL CANALS) (Auditory acuity under items 70 and 71)		23. DRUMS (Perforation)		24. EYES - GENERAL (Visual acuity and refraction under items 59, 60 and 67)		25. OPHTHALMOSCOPIC		26. PUPILS (Equality and reaction)		27. OCULAR MOTILITY (Associated parallel movements nystagmus)		28. LUNGS AND CHEST (Include breasts)		29. HEART (Thrust, size, rhythm, sounds)		30. VASCULAR SYSTEM (Varicosities, etc.)		31. ABDOMEN AND VISCERA (Include hernia)		32. ANUS AND RECTUM (Hemorrhoids, Fistular)		33. ENDOCRINE SYSTEM		34. G-U SYSTEM		35. UPPER EXTREMITIES (Strength, range of motion)		36. FEET		37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)		38. SPINE, OTHER MUSCULOSKELETAL		39. IDENTIFYING BODY MARKS, SCARS, TATTOOS		40. SKIN, LYMPHATICS		41. NEUROLOGIC (Equilibrium tests under item 72)		42. PSYCHIATRIC (Specify any personality deviation)		43. PELVIC (Females only) (Check how done)		<input type="checkbox"/> VAGINAL <input type="checkbox"/> RECTAL		(Continue in item 73)																																																																							
NOR-MAL	ABNOR-MAL																																																																																																																																						
18. HEAD, FACE, NECK AND SCALP																																																																																																																																							
19. NOSE																																																																																																																																							
20. SINUSES																																																																																																																																							
21. MOUTH AND THROAT																																																																																																																																							
22. EARS - GENERAL (INTERNAL CANALS) (Auditory acuity under items 70 and 71)																																																																																																																																							
23. DRUMS (Perforation)																																																																																																																																							
24. EYES - GENERAL (Visual acuity and refraction under items 59, 60 and 67)																																																																																																																																							
25. OPHTHALMOSCOPIC																																																																																																																																							
26. PUPILS (Equality and reaction)																																																																																																																																							
27. OCULAR MOTILITY (Associated parallel movements nystagmus)																																																																																																																																							
28. LUNGS AND CHEST (Include breasts)																																																																																																																																							
29. HEART (Thrust, size, rhythm, sounds)																																																																																																																																							
30. VASCULAR SYSTEM (Varicosities, etc.)																																																																																																																																							
31. ABDOMEN AND VISCERA (Include hernia)																																																																																																																																							
32. ANUS AND RECTUM (Hemorrhoids, Fistular)																																																																																																																																							
33. ENDOCRINE SYSTEM																																																																																																																																							
34. G-U SYSTEM																																																																																																																																							
35. UPPER EXTREMITIES (Strength, range of motion)																																																																																																																																							
36. FEET																																																																																																																																							
37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)																																																																																																																																							
38. SPINE, OTHER MUSCULOSKELETAL																																																																																																																																							
39. IDENTIFYING BODY MARKS, SCARS, TATTOOS																																																																																																																																							
40. SKIN, LYMPHATICS																																																																																																																																							
41. NEUROLOGIC (Equilibrium tests under item 72)																																																																																																																																							
42. PSYCHIATRIC (Specify any personality deviation)																																																																																																																																							
43. PELVIC (Females only) (Check how done)																																																																																																																																							
<input type="checkbox"/> VAGINAL <input type="checkbox"/> RECTAL		(Continue in item 73)																																																																																																																																					
14. DENTAL (Place appropriate symbols, shown in examples, above or below number of upper and lower teeth.)																																																																																																																																							
<table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td>1</td><td>2</td><td>3</td><td>Restorable</td><td>1</td><td>2</td><td>3</td><td>Non-restorable</td></tr> <tr><td>32</td><td>31</td><td>30</td><td>Teeth</td><td>32</td><td>31</td><td>30</td><td>teeth</td></tr> <tr><td>0</td><td></td><td></td><td></td><td>1</td><td></td><td></td><td></td></tr> <tr><td>R</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>I</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td></tr> <tr><td>G</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>H</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>T</td><td>32</td><td>31</td><td>30</td><td>29</td><td>28</td><td>27</td><td>26</td></tr> </table> <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td>1</td><td>2</td><td>3</td><td>Missing</td><td>1</td><td>2</td><td>3</td><td>Replaced</td></tr> <tr><td>32</td><td>31</td><td>30</td><td>Teeth</td><td>32</td><td>31</td><td>30</td><td>by Dentures</td></tr> <tr><td>x</td><td>x</td><td>x</td><td></td><td>x</td><td>x</td><td>x</td><td></td></tr> <tr><td>R</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>I</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td><td>L</td></tr> <tr><td>G</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>H</td><td>24</td><td>23</td><td>22</td><td>21</td><td>20</td><td>19</td><td>E</td></tr> <tr><td>T</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>				1	2	3	Restorable	1	2	3	Non-restorable	32	31	30	Teeth	32	31	30	teeth	0				1				R								I	1	2	3	4	5	6	7	G								H								T	32	31	30	29	28	27	26	1	2	3	Missing	1	2	3	Replaced	32	31	30	Teeth	32	31	30	by Dentures	x	x	x		x	x	x		R								I	9	10	11	12	13	14	L	G								H	24	23	22	21	20	19	E	T								REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES			
1	2	3	Restorable	1	2	3	Non-restorable																																																																																																																																
32	31	30	Teeth	32	31	30	teeth																																																																																																																																
0				1																																																																																																																																			
R																																																																																																																																							
I	1	2	3	4	5	6	7																																																																																																																																
G																																																																																																																																							
H																																																																																																																																							
T	32	31	30	29	28	27	26																																																																																																																																
1	2	3	Missing	1	2	3	Replaced																																																																																																																																
32	31	30	Teeth	32	31	30	by Dentures																																																																																																																																
x	x	x		x	x	x																																																																																																																																	
R																																																																																																																																							
I	9	10	11	12	13	14	L																																																																																																																																
G																																																																																																																																							
H	24	23	22	21	20	19	E																																																																																																																																
T																																																																																																																																							
LABORATORY FINDINGS																																																																																																																																							
45. URINALYSIS: A. SPECIFIC GRAVITY				46. CHEST X-RAY (Place, date, film number and result)																																																																																																																																			
B. ALBUMIN		C. MICROSCOPIC																																																																																																																																					
C. SUGAR																																																																																																																																							
47. SEROLOGY (Specify test used and result)		48. EKG		49. BLOOD TYPE AND RH FACTOR		50. OTHER TESTS																																																																																																																																	